



Dear EDGE parents,

Welcome to EDGE!! *What is Edge?* Edge is a Catholic middle school youth ministry program. It provides a safe and fun place for youth to find solid Catholic community, to get answers to their questions about faith, and, most importantly, to experience Jesus in a profound and personal way.

Our EDGE nights will held bi-weekly on Tuesdays beginning with parent orientation on September 9, 2025 at 6:30pm. All classes will be from 6:30-8:00 p.m. in the Parish Center auditorium (209 N. Hanford Ave., San Pedro). A complete calendar will be sent to you in the coming months, via email before orientation.

Please note, it is preferred that all teens have at least TWO years of Edge or other religious education before they can continue to Confirmation. (Attending a Catholic Middle school for two years will cover this requirement.)

Please return your registration forms and fee to the Parish Office by September 1, 2025. If you have any additional questions, please contact me at (310) 548-6535 ex. 340 or via email at lifeteenym@holyltrinitysp.org

Thank you & God Bless,

J. R. Romero
Youth Minister

Follow us on Instagram @ lifeteen_ht



Holy Trinity Parish

Enrollment/Registration 2025-2026

Child's Name: _____

First Name

Last Name

Date of Birth

Sex

Address: _____ City: _____ Zip Code _____ Home Phone # _____

Child's primary residence (circle) Mother Father Both Guardian

Father's Name: _____ Mother's Name: _____

Father Work# _____ cell# _____ Mother Work# _____ cell# _____

****Our main method of communication is via email****

Primary email address _____ Secondary email address _____

Child's Grade as of Sept 2025 _____, school child attends: _____

Was your child enrolled in Religious Education last year? _____ If so, where? _____

SACRAMENTAL INFORMATION

Is your child baptized If, YES, mark here [] If, NO, mark here []

Church Name: _____ Date: _____

Has your child made First Confession: If, YES, mark here [] If, NO, mark here []

Church Name: _____ Date: _____

Has your child made First Communion: If, YES, mark here [] If, NO, mark here []

Church Name: _____ Date: _____

Both sides must be completed

TUITION

HOLY TRINITY STUDENTS

Free tuition.

ALL OTHER STUDENTS

\$40.00

Donations of any kind are always accepted.

I hereby certify that all information provided in this registration is correct, and if anything changes, please call J.R. Romero (310) 548-6535, ext. 340

Parent Signature _____

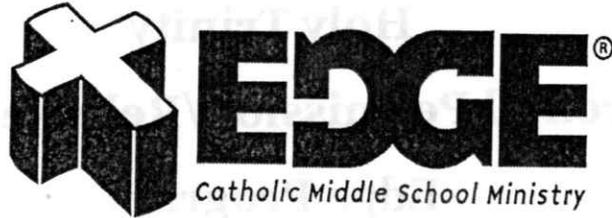
Date _____

FOR OFFICE USE ONLY

Grade _____ Group _____ Number of Children _____ 1ST YEAR SACRAMENT PREP. _____

Amount _____ Check # _____ cash() Balance due _____ Hardship _____

Both sides must be completed



EMERGENCY MEDICAL FORM

Emergency Treatment/Release Statement: In the event of an emergency, and I **cannot be reached**, I hereby authorize Holy Trinity's Edge Program/Church and/or any licensed physician, EMT or other qualified hospital personnel to render medical treatment to my daughter/son _____ which, in their judgment, is necessary in the event of illness or injury. I understand that, in all cases, I will be notified as quickly as possible.

Signature of Parent/Guardian

Date

Student Full Name: _____

Date of Birth: _____

Full Address: _____

Father's/Guardian Cell Number: _____

Mother's/Guardian Cell Number: _____

Additional Permanent Emergency Telephone Number: _____

Name of Person at Emergency Number: _____

Relationship to Youth: _____

******Please list any and all allergies, special medical conditions, special medications, or health problems with which Holy Trinity should be aware of:**

Name of Family Doctor: _____

Medical Insurance Policy Name and Number: _____

Doctor's Phone Number: _____

Holy Trinity
Parental Permission/Release Form
Edge Program

My son/daughter _____, has my permission to participate in the Holy Trinity Edge & Youth Ministry Program and the adult leaders have my permission to sign any waiver of liability which may be required. In the case of injury or illness, a representative of Holy Trinity Church is authorized to render emergency first aid and/or seek all necessary medical attention. I have noted any medical or other special consideration on the Holy Trinity Emergency Medical Treatment Form; if my son/daughter has had any serious illness, injury, or medical treatment over approximately the last 6 weeks of which Holy Trinity should be aware, I have provided the details on the lower part of this permission slip. Finally, I understand that my signature verifies that I am aware of and in agreement with any restriction or special instruction regarding this program.

Media Usage for Future Advertising

Release for Memorializing *

I, hereby, authorize the making of photographs, video, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

Media release agreement *

Holy Trinity Youth Ministry program routinely promotes its events and ministry through various media. This includes, but is not limited to newsletters, brochures, posters, bulletins. The image of participants may be included. In addition, names of minors will never accompany any photos on any publication, website or other media. Please see release agreement below.

Signature of Parent/Guardian

Date

**Office of Youth Ministry and EDGE
Holy Trinity Parish
2025-2026**

209 N. Hanford Avenue
San Pedro, CA 90732
(310) 548-6535, ext. 340
lifeteenym@holymtrinitysp.org

Dear Parents:

The Holy Trinity EDGE program will be presenting its annual safety educational program entitled, "*Touching Safety*", during one class session this catechetical year.

This *Touching Safety Program* was developed by the creators of VIRTUS *Protecting God's Children*® and is mandatory in the Archdiocese of Los Angeles. This is **not** a sex educational program; it is a personal safety education program. The *Touching Safety Program* is part of an ongoing effort to help create and maintain a safe environment for our youth and to protect all children from any sort of abuse.

As a parent, you have the right to choose whether or not your child may participate. Please return and signed consent form with your EDGE registration.

For further information, visit the VIRTUS online website at www.virtus.org

Please return this Signed form with your EDGE registration.

My child: _____

May participate: _____ May **not** participate: _____

In the *Protecting God's Children*, "*Touching Safety Program*" offered by the EDGE Program at Holy Trinity Parish.

Parent's Name (printed): _____

Parent's Signature: _____

Date: _____